


Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:			
Grant McFadden et al.			
Application No.			
09/976,605			
Filed:			
October 11, 2001			
Title:			
NUCLEIC ACID MOLECULES AND POLYPEPTIDES FOR IMMUNE MODULATION			
Attorney Docket No.		Art Unit:	
50082/015002		1648	
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p>			
Name		Registration Number	
Melissa Hunter-Ensor, Ph.D.		55,289	
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>			
			
SIGNATURE of Practitioner of Record			
Name	K. BICKLER BRADY		
Signature		Date	September 3, 2004
Registration Number	39,109	Telephone	617428 0200

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.